

THE MEDICAL EXAMINER,

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[No. 26.]

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

CLINIC OF PROFESSOR DUNGLISON.

November 30, 1844.

(Reported by Mr. Samuel G. White.)

The attention of the class was first directed to the progress of the several cases that had been under consideration at the former clinics.

The patient suffering from

ULCERATION OF THE LOWER PORTION OF THE INTESTINAL CANAL,

whose history was detailed in the last lecture, had experienced much benefit from the plan of treatment then directed, the evacuations being not only improved in character, but diminished in number. The treatment, as it has been thus far attended with good effects, will be continued, only increasing the strength of the injection to 5 grs. of the sulphate of copper to the ounce of water; still carefully regulating the diet.

The case of

SCARLATINA

under the simple treatment before indicated, has proceeded most favourably, the eruption having wholly disappeared, and the patient being convalescent.

The female, labouring under

TYPHOID FEVER

of about three weeks duration, had likewise much improved—the pulse being as low as 60, and no unfavourable symptom present. It may be here remarked, that in the commencement of typhoid fever, the pulse is often frequent, but towards the close, it subsides, even beneath the healthy standard. The lecturer observed, that the patient at present is in that state of adynamia which generally succeeds to the period of febrile excitement in these fevers, and demands the administration of tonics. The course of treatment pursued in this case was similar to that required in ordinary simple remittent fever; the bowels were kept free from morbid secretions, cool drinks were allowed freely, and the heat of surface was tempered by ablutions with tepid or cold water; the diet being at the same time carefully regulated, and irritants of every character excluded. Under this simple mode of treatment, this case has been conducted through the various stages of the disease, and convalescence is now fairly established. Although there was gurgling in this case, in the right iliac fossa, it was unaccompanied with tenderness on pressure. With the exception, indeed, of the diarrhoea, there was no evidence in this instance of inflammation and ulceration of the glands of Peyer; and the patient having recovered, there can be no mode of knowing whether such ulceration existed.

The lecturer next introduced a patient to exhibit, principally, the beneficial effects of the topical application of the tincture of iodine in certain affections. A female had suffered severely from

ERYSIPELATOUS INFLAMMATION OF THE SCALP,

accompanied by great hyperæsthesia of the integuments. Conjoined with this, there was inflammation of the cervical lymphatic ganglions, some of which had suppurated. She was manifestly of the strumous diathesis, to which the glandular affection must be referred, for although irritation of the scalp, as of any other part, might occasion enlargement of the lymphatic ganglia situate between the seat of irritation and the thoracic duct, yet in this instance, it was not dependent upon this cause, as the glands were inflamed before the scalp was affected.

After the usual means of removing the inflammation had proved unsuccessful, the lecturer directed the scalp to be penciled with the tincture of iodine, which was followed by most beneficial results, relief being obtained in a very short time. He thinks, that this agent acts in a manner similar to the nitrate of silver, that is, by forming a pellicle, which protects the surface from the irritating influence of the air, and by its excitant properties inducing, at the same time, a new action in the vessels of the inflamed surface. For the dyscrasy under which she labours, the iodide of potassium has been directed, conjoined with other means of improving the general health, as exercise in the open air, good diet, &c.

When a strumous or other vice obtains in the system, those remedies have to be administered, which, by being absorbed into the mass of blood, may alter the condition of the fluid, and in this manner modify the nutrition of the parts which it bathes, and it can be readily conceived that a salutary change might thus be produced in the whole system. It is by this modification of the circulating fluid, that the different panaceas which he instanced probably produced their effect.

The lecturer then proceeded to the investigation of

DISEASES OF THE RESPIRATORY ORGANS,

the consideration of the physiological action of these organs, having engaged the class in the college for some days previously. The subject of the first case being too feeble to be introduced before the class, a short history of the affection and its treatment was given.

The patient labours under what has been called, with doubtful propriety,

NECROPNEUMONIA,

inasmuch as it is not settled, that gangrene of the lung must necessarily result from pneumonia, but may be owing to an opposite condition; as in the form of ordinary gangrene, in which there is obliteration of the principal blood vessels of a part.

When gangrene attacks the lung, it may, in its commencement, present merely undefined evidences of inflammation of the bronchical mucous membrane, followed or accompanied by signs of consolidation of the pulmonary tissue; and finally there may be cavern-

ous respiration, gurgling and other signs of the presence of a cavity. These signs are, however, somewhat anomalous and indistinctive, and the only one on which much reliance can be placed, is excessive *foetor* of the breath, and of the matter of expectoration. But in the present instance, this sign might be considered equivocal, as the patient had shortly before, from the presence of chronic bronchitic and pneumonitic phenomena, been put upon the use of mercury so as to produce its effects upon the system. The effect of that remedy had, however, passed away, before the *foetor* of gangrene presented itself.

The prognosis in gangrene of the lung is always unfavorable, and some writers of eminence have stated that death is its invariable consequence. The lecturer however, witnessed a case, during his attendance as one of the physicians to the Baltimore infirmary, in which the excessive *foetor* was present, with other signs, that led to the conviction of the existence of gangrene, but the patient eventually recovered. He believes, that under peculiar circumstances, the secretion of the bronchia may assume so closely the characters of that which occurs in gangrene, as to be mistaken for it, and that it is possible, that the cases of gangrene of the lungs reported to have recovered were of this nature.

The treatment of this affection can only be palliative, for no remedy can be brought to act directly on the diseased part; the only hopes of recovery rest on the possibility of the part affected sloughing away. Usually, however, to correct the *foetor*, which is harassing to the patient, and almost intolerable to the attendants, the various chlorinated preparations, especially chlorinated lime, four or five grains of which may be given several times a day, in the form of pills, are administered, but manifestly without any rational expectation of effecting a cure.

The next patient which the lecturer had intended to bring before the class, was also too ill to be introduced, and he made it a point never to incur the least risk. It was a case in which

TUBERCULAR DEPOSITS

had probably taken place, at the summit of the lungs, which had given occasion to copious hæmoptysis. It was, however, difficult to say, from the superficial examination that had been practicable, whether the hæmoptysis was dependent on softening of tubercle with ulceration of vessels, or whether it might not be a simple transudation from mechanical impediments to the circulation, produced by tubercles—as explained on a former occasion. It was more probable, however, that it occurred in the latter mode. In this instance, as the patient was very feeble, and no excitement of the circulation existed, bloodletting could not be demanded, and if employed might be injurious. The treatment had therefore consisted in the use of ice to moderate thirst when it existed, and in abstracting every thing calculated to excite the system. With the view of producing a révulsive impression on the intestinal canal, a dose of oil of turpentine with castor oil has been prescribed. The turpentine seemed peculiarly appropriate in this case, as it is esteemed by some to be one of the best hæmastatics, whilst at the same time it powerfully impresses the intestinal mucous membrane. The patient has been put, by the resident physician.—Dr. Curran—on the use of the tincture of chloride of iron, but if it does not prove beneficial it will be suspended, and the plumbi acetate combined with opium be substituted,—two or three grains of the former to from a quarter to half a grain of the latter, being given every five or six hours.

The lecturer here observed, that he was extremely desirous of impressing on the class the importance of always investigating the pathological cause of such affections and not to prescribe merely for the hemorrhage. This he considered especially important in determining the propriety of practising bloodletting for the arrestation of hemorrhage, for, although under certain conditions, when there is manifest vascular excitement, the measure may be productive of much good, it may, under different circumstances, prove most injurious. The feeling, that we must bleed, because a patient is bleeding, he considered a most unfortunate one.

Another circumstance of much importance to be borne in mind in these cases, is that the rapidity of absorption is in an inverse proportion to the fulness of the vessels.—Bearing this in mind, the impropriety of permitting the free use of diluents, after copious bloodletting or hemorrhage, will be at once perceived. The fluids, under such circumstances, pass freely into the mass of blood, distend the vessels, and by thinning the blood, lay the foundation for the recurrence of the hemorrhage. It should ever be remembered that imbibition is increased by depletion; and that transudation is favored by diminishing the consistence of the blood. Magendie, has properly declared, that one of the greatest errors, prevalent among practitioners, is that of allowing the free use of drinks in cases of hemorrhage. If the patient demands something to allay thirst, let portions of ice be given, which will be most grateful, and cannot easily furnish a large amount of fluid. It will usually be found, that the hemorrhage, after a certain amount has escaped, will cease of itself, and the common plan of placing salt in the mouth, and *a fortiori* of giving a solution of the same, can exert no influence in arresting it. It cannot come in contact with the vessels that are concerned in hæmoptysis, and the lecturer cannot comprehend on what principle it has been proposed. He never prescribes it. By Andral, it is referred to as a remedy employed in Philadelphia! The lecturer urged upon the class the importance of putting a hemorrhagic patient as much as possible upon a *dry* diet.

The attention of the class was next directed to the case of Jno. McB. who was exhibited on a former occasion, with

ULCERATION OF THE THROAT

involving the larynx. The condition of the throat, which was in a lax and ulcerated state, had much improved under the treatment employed. It was remarked before, that it was very probable, that the pulmonary tissue had become implicated, and that there might be tubercular deposition. From the patient's statement, he has suffered from hoarseness and cough for more than three months, but has no pain, except a slight tenderness which he refers to the lower part of the anterior mediastinum. There are no positive signs of hectic present, although there is sometimes heat of skin, with irregular night sweats. The lecturer, then proceeded to examine the patient's chest, in the presence of the class. On applying the stethoscope along the larynx, no rhonchus was audible, but there was an unusual roughness in the right side, during inspiration. Inspection of the chest, detected a greater depression under the right clavicle than under the left; and the expansion, during inspiration, seemed diminished at the same point. When percussion was made over these regions, there was slight dulness under the right clavicle, indicating that there was some increase of density in the

parts beneath; and when the ear—the lecturer always preferring the *immediate* method—was applied, the expiratory murmur appeared considerably prolonged, owing no doubt to the presence of some impediment to the free egress of the air. Combining the evidence afforded by those signs, there seems no doubt of the existence of some degree of consolidation at the summit of the right lung, which is probably tubercular.

Continuing the investigation of this class of affections, the professor next introduced a more marked case of

PULMONARY PHTHISIS.

The patient, Jno. McC., æt. 33, entered the hospital a few days since, for a cough, with copious expectoration of purulent matter. It appears, that three years previously, he had suffered an attack of pleuritis, and that the cough has continued since that period, subject to occasional exacerbations. During last winter the expectoration became purulent in character, and within the two last weeks he has complained of some pain in the chest. He never had hæmoptysis; and at present there seems to be no well marked hectic, although he is becoming more debilitated, and has occasional febrile excitement.

In this instance, then, the functional signs of phthisis, are present, but not well developed; the physical signs are more marked.

From simple inspection it was very evident, that the left side is generally fuller than the opposite, and the expansion on inspiration greater. This fulness, with the increased expansion may be explicable from the fact, that in consequence of the pleuritis the right lung has been bound down so as to be nearly useless, and has therefore become atrophied, whilst the left may have become somewhat hypertrophied from the augmented action it has been required to perform.

On percussing over the infra-clavicular regions, the difference in the resonance of the opposite sides was very obvious, that of the left being unusually clear, which may be owing to slight emphysema, whilst that of the right was quite flat. The resonance on percussion was also very great over the region of the heart, where it should be dull, owing no doubt to the presence of the fully developed lung between it and the thoracic parietes. The respiratory murmur was combined with crackling, which is indicative of an emphysematous condition of the lung. This however was very slight.

On the right side, the respiratory murmur was nearly audible, but a slight subcrepitant rhonchus was heard, caused probably by the bursting of minute mucous bubbles, contained in the smaller bronchial tubes. The vocal resonance in the left was natural, but extremely marked in the right side, and the lecturer observed, that there could be no better marked case of increased vocal resonance or bronchophony than this presented. By associating these various phenomena, derived from the physical signs, the diagnosis of consolidation and softening was rendered certain, and combining these with the functional phenomena, there could be no doubt it was a case of pulmonary consumption. The professor here exhibited the expectoration of the patient, which showed, in a marked manner, the distinction between the bronchial mucous secretion and the tubercular matter. Some reflections were indulged in on the distinctive characters presented by this case, and on the marked difference between the physical signs in tubercular consolidation, bronchitis and pneumonia. In bronchitis, there is inflammation, with thickening of the mucous membrane

and increase of the secretion, but it is confined to the larger tubes, and as the matter is expectorated as it is secreted, it produces no perceptible alteration in the resonance on percussion. With the first stage of pneumonia, as there is simple hyperæmia or engorgement, producing no alteration in the sounds on percussion, tuberculous of the lungs could not readily be confounded; but, when the pneumonia passes into the second stage, in which there is an effusion of fibrin and consequent consolidation of the pulmonary tissue, it becomes more difficult to form the diagnosis. From this, however, tuberculous deposition may be distinguished by the history of the case. When consolidation occurs in pneumonia, it is preceded by the symptoms of high vascular excitement that characterize internal inflammations in general. The professor closed the lecture by remarking that he would continue this subject on a future occasion, when the various signs of those different diseases, with the appropriate treatment, would be elucidated on distinct cases.

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In the Introductory of Dr. Dunglison, after a warm-hearted salutation to the members of his class, some remarks on the facilities afforded for medical instruction by the city of Philadelphia, and the present condition of the School in which he is a professor, the author notices some of the modern doctrines in medicine, and closes with a few pertinent observations on the proper method of studying the science of medicine. The lecture is written in the easy flowing style peculiar to the author.

The title of Dr. Mütter's address sufficiently explains its character. The author, it is known, visited Europe during the past summer, and mingled much with the prominent surgeons on the other side of the Atlantic, and in this lecture he gives the opinions now entertained by them as to the merits of some of the late operations, of whose value the profession are yet in doubt.

Dr. Bache's lecture is what it has always seemed to us such a lecture *ought* to be—introductory to his course. The student is ushered at once into the laboratory, and takes a bird's eye view of the whole subject before him. Nothing is concealed. His task, herculean as it is, is at once laid before him, and he is invited to enter upon it with the assurance of success, through his own exertions and the ever willing assistance of his instructor.

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THE MEDICAL EXAMINER.

PHILADELPHIA, DEC. 28, 1844.

By an advertisement of the publishers on the cover of the present number of the *MEDICAL EXAMINER*, it will be seen that it is hereafter to appear in a greatly enlarged form. Seven years have now elapsed since its commencement, and in that comparatively long period for an American periodical, how many contemporaries have sprung into existence; and alas! how many, like Jonah's gourd, have withered and died! Humble as have been its pretensions, the *MEDICAL EXAMINER*, with two or three honorable exceptions, is now the oldest Medical Journal in the country. The substantial support which it has received during so long a time, and especially within the last year, in the opinion of the publishers, justifies greater out-lay, and increased efforts for the benefit of its patrons. In these views the editor concurs, and cheerfully undertakes to perform his part in the new scheme. The proposed enlargement will afford greater scope for his pen, and what is more important, allow of the insertion of many valuable original articles, not adapted to its present restricted limits; as well as permit more extended notices of new works, and the current medical literature of the day.

Without being invidious, it may be remarked that monthly publications are better adapted on several accounts, for the dissemination of solid information, than those of a more ephemeral character, whilst they may well subserve all the useful purposes of elaborate quarterlies. From the number of the monthly Medical Journals in the United States, compared with those of either longer or shorter periods, this would seem to be fully sanctioned by experience. Whether another may be profitably added to the list, time must determine: for ourselves we entertain no doubts on the subject. Our subscribers, we hope, will see in the increased size and value of the Journal, without any increase of the price, additional ground for their confidence and support.

According to the plan proposed by the publishers, the *Examiner* will be one of the *cheapest* Medical periodicals extant, and the editor hopes, from the abundant means at his command, to make it one of the *best*. Already he is promised contributions by some of the ablest and most experienced writers in the profession; and he trusts the number will be greatly augmented—for that purpose, he solicits the co-operation of his brethren throughout all parts of this widely extended country. Interesting cases; accounts of epidemic and endemic diseases; able discussions of moot points; temperate remarks on errors in doctrines and practice; notices of new remedies, and of the properties of indigenous medicines; in short, well written communications on all subjects likely to interest the profession and enlarge the boundaries of the science, will be gratefully received, and in every instance, the writers will be furnished with a copy of the number in which their contributions are inserted.

LONDON LANCET.

Some weeks since, we called the attention of the profession to the mutilated form in which this Journal was

re-published in this country. Since then, we learn that it has been altogether discontinued by those who were engaged in the enterprise. We are not surprised at this. They doubtless found it an unprofitable job. The truth is, or we are greatly mistaken, there are few foreign journals of any kind, and especially such as pertain to medicine, that will bear re-publication in this country.

Of the British Medical Journals, the larger, which are exclusively devoted to medical science, are so heavy and costly, that one only (the *Medico-Chirurgical*) has obtained a subscription list adequate to the expense of re-publication; while the smaller are so occupied with personal disputes and matters of local interest, as to greatly lessen their attractions for distant readers.

London has three weekly medical journals, conducted with great ability, viz.: "*The London Medical Gazette*," "*the London Lancet*," and the "*London Times*." Of these, the two latter occupy antagonist positions, and may be said to represent opposite parties or factions of the profession in that great metropolis. Accordingly we find, mixed up with much valuable matter, a large amount of a different stamp—very interesting, no doubt, to the physicians and surgeons of London, but about as much so to us in the United States, as our Corporation, County and State politics, are to our brethren on the other side of the Atlantic. The discussions on "*Sir James Graham's Bill*," "*Medical Reform*," the fitness or unfitness of the last appointment at St. Bartholomews', St. Thomas', at Guy's, "*Movement of the Profession*," "*Great meeting at Leeds*," "*at Manchester*," &c. &c., with many other things proper to London, are all very well in their place, but to American physicians they are nearly as cabalistic as "*the secret science of the Jews*."

The following sensible remarks are extracted from one of our cotemporaries. We rejoice to see in it the evidence of a desire to cultivate good feeling among those who ought never to indulge any other. If our brethren elsewhere will look to the example afforded by Philadelphia physicians in this respect, they will discover how much individual happiness and prosperity is promoted by a regard for professional honor and respect.

PROFESSIONAL COURTESY.

Courtesy, which is but an expression of kindness, is the principle ingredient that sweetens the toils and cares and conflicting interests with which life abounds. How cheerless would be our prospects, what the number of impediments to obstruct our path, how unhappy our journey of life, were we to give expression only to those tumultuous feelings which arise from concentrating every thought upon self! Courtesy is the beauteous ornament of social life, and as such has always been cultivated by the refined and educated, and regarded as an indispensable requisite for the perfection of social intercourse. The exercise of courtesy is equally demanded from all, whether it be among those in the kindly intercourse of friendship, or such as are found in the less refined but more necessary meetings of business. Indeed it is more needed under circumstances where self-interest is liable to smother the kind feelings of our common nature, and still more is it required among those whose similarity of pursuits bring their talents and professional abilities in contact and competition.

If there is one class where this especially is the

case, and where at the same time courtesy might with reason be looked for, and in whose character it would almost seem to be an indispensable ingredient, it is among the members of the medical profession.

Kindness is the habitual exercise of the mind with those whose necessary occupation is to afford relief to others; and as medical men are of all people those whose opportunities for such exercise are the most frequent, it is among them that we should expect to see it in its most ample manifestation—extending its influence beyond the immediate sphere of their professional duties, and embracing all who are honorably united in their efforts to mitigate the physical evils of life. Kindness of feeling is the germ of real courtesy; an essential part of the latter must be true kindness. Courtesy, in its full significance, is not an artificial, hollow, unmeaning expression of consideration, it is in fact one expression of humility as opposed to self-importance or selfishness and pride. It has been often assumed, and then cannot be exhibited without borrowing the entire plumage. Thus the immortal bard:

And then I stole all courtesy from heaven,
And dress'd myself in such humility
That I did pluck allegiance from all hearts.

A courteous demeanor towards each other might therefore be very naturally expected to be exercised among the professors of an art which is kindness itself in the most efficient manifestation.

Courtesy is indeed indispensable to the character of the physician, in whatever light it may be viewed. By courtesy among each other, their powers of doing good would be increased,—their mutual good will would lead to a frequent interchange of views on scientific subjects. If it is desired to place the profession of medicine in its most elevated rank, and elicit for it the esteem and admiration which are essentially its due, what more efficient method than to adorn it with that evidence of mutual respect among its members, which would infallibly mark them as superior to all petty rivalries and contemptible jealousies? If their individual happiness is to be promoted, what more powerful means than the constant exercise of mutual courtesy, which is but the external expression of benevolence? Point out the man that spurns all courtesy from his demeanor, and we will mark one where envy and hatred—fell destroyers of all happiness—are secretly gnawing, with the deadly poison of a viper's fang. Such an individual is unfit for the profession of the healing art.

It has been strangely asserted and most extensively believed, that medical men are a jealous set, destitute of courtesy among themselves, that they have no kind feelings towards each other; thus, somehow or other, charging these faults upon them as a class, and consequently making them the natural and necessary effects of the profession they have adopted. Now we believe no such thing. This jealousy is an excrescence—a fungous growth—and is no more to be charged upon the profession itself, than is arrant quackery. It is a part of the wickedness of our nature, and must be participated, more or less, by all men of whatever profession, precisely as charlatanism and imposture belong to men as a race, and not to the professors of the medical art—physic being only used as the medium of deception from its admitting of so great an amount of mystery in its application.

We have seen the strongest friendship exist between medical men, having its origin in professional intercourse; and it is a remarkable fact in the character of all, that an interminable conversation of the

most agreeable nature imaginable will ensue upon their meeting either casually or upon professional business. Two doctors meeting and exchanging civilities are almost inseparable.

Finding, then, that the seeds of courtesy exist within the bosom of our fraternity, it needs nothing more than a proper cultivation to make them germinate and yield rich clusters of fair flowers, whose fragrance will spread far and wide—perhaps even unheeded and unknown in their remoteness, save in the mild and genial influence they produce.—*N. Y. Journal of Medicine.*

RECORD OF MEDICAL SCIENCE.

ON THE CANADA LEPROSY.

To the Editor of the "Medical Times."

SIR,—In the Medical Times, for the 25th of May last, you express a wish that some of your Canadian subscribers will communicate with you, on the subject of the new malady, which has appeared in the district of Tracadie, province of New Brunswick, on this continent. In case no one else has written to you about the matter, I will state a few particulars. The government of New Brunswick appointed a commission of medical men, in March last to visit Tracadie and the adjoining districts, and to investigate the nature of the malignant disease, reported to prevail therein. Dr. Skene, assistant surgeon of the 52d Regt., stationed at Fredericton, N. B., one of the commissioners, has made a report on the disease, addressed to Sir J. Macgrigor, Director General of the Army Medical department; from which it appears, that the complaint is unquestionably tubercular leprosy, or the Elephantiasis of the Greeks; that the symptoms of all the cases which existed at the time, nineteen in number, corresponded with those of the *lepra tuberculosa* of Bateman, Simpson, Copland and others. The symptoms observed were: dusky red or livid tubercles, of various sizes on the face, ears, and extremities; thickened or rugous state of the skin, diminution of its sensibility; falling off of the hair of the eyebrows, eyelids, and beard; voice husky, nasal, or entirely lost; ozæna; ulcerations of the surface; breath intolerably fœtid; little or no pain; the nose, lips, and ears, generally enlarged and pendulous; the skin shining as if smeared with oil; the palate and fauces covered with tubercles; ulcerations and blotches on various parts of the body; appetite usually unimpaired; and the disease hitherto invariably fatal, at the end of a few years. Dr. Skene considers the disease identical with the tubercular leprosy, which prevailed in Europe, in the middle ages and more recently in Iceland, the Farroe Islands, Shetland, Madeira, the Crimea, Africa, Ceylon, and the East and West Indies. The new locality of this disease forms a part of the province of New Brunswick, and is chiefly confined to the east side of the land, lying between the bay of Chaleur and the estuary of the Miramichi river, and more particularly to the settlements on the Neguac and Tracadie rivers:—From the statements of the oldest inhabitants, the first case occurred about the year 1817, in the person of a woman named Ursale Landre; she died of the disease in 1829; her husband took the disease three or four years before her death, and sunk under it in 1831. From these cases, the disease would appear to have gradually extended itself, and although, ten or eleven years ago, only two cases existed, the commissioners found, independently of twelve deaths from the le-

prosy, nineteen confirmed cases and some highly suspicious ones. The disease appears to be transmitted by hereditary taint and by contagion, which latter is by no means active, as all those brought into direct contact with the disease, and all those immediately connected with the sources of the malady, do not necessarily become affected by it. So that it is not at all likely that the disease, which is at present local or endemic, will ever become epidemic. As to the causes of the present leprosy, in New Brunswick, it is attributed by some to filth, indigence, exposure to extreme temperatures, scanty and unwholesome diet, particularly of fish, salted while in a state of decomposition. The commissioners recommend to the Government of New Brunswick, the erection of a lazaretto, strict seclusion of the lepers in this establishment, and legislative sanction for the removal of persons affected into it.

I have the honor, to be, sir,

Your most obedient servant,

JAMES B. JOHNSTON, M. D.

Sherbrooke, Canada East, August 17th, 1844.

TRIUMPHS OF MESMERISM.

A medical gentleman of this place informs me, that he can at any time relieve spinal irritation, by mesmerism; also, that it is one of the best means of preventing abortion which he has ever tried. He can mesmerize a nervous patient after lying down for the night, and she will sleep soundly till he awakes her, which he can do by an effort of his will, transmitted from his own house. Still further, he can prevent the paroxysm of an intermittent fever, by mesmerizing his patient before the access of the chill, but the next paroxysm will come on. However, he has discovered (taking the hint from a work on homœopathy,) that by producing an artificial chill during the intermission a radical cure is effected. This he accomplishes by producing mesmeric sleep, and then applying his finger to the tip of the patient's nose. Finally, the following case has lately occurred in his practice. A lady was subject to such obstinate constipation, that she passed fourteen days without evacuation, when a drachm of calomel and six drops of croton oil produced only one discharge. Eight days after that, not having had another, he threw her into the mesmeric sleep, when mesmerizing a glass of water, he gave it to her as a solution of Epsom salts, the taste of which she admitted: he then made her hold half an ounce of calomel in her hand for about 30 minutes, when he awoke her. I do not recollect whether he mesmerized the calomel. When he called the next morning, he found that she had been purged to excess, and was profusely salivated, with swollen jaws and a mercurial breath. He then mesmerized her again, and putting a roll of brimstone (not mesmerized) into her hand, and applying another to her cheek, she was perfectly well in three days, and her costiveness has not since returned.

CONSUMPTION IN ILLINOIS.

For the last fortnight, during which I have conversed with the physicians of seven towns between Jacksonville and Joliet, I have been assured, *nemine contradicente*, that tubercular consumption is one of the rarest diseases of that part of Illinois which lies between St. Louis and Chicago. Most of them have not seen an indigenous case, and all have known of immigrants in whom the progress of the disease, in its early stage, had been arrested or retarded. As

many of our readers may be consulted by their patients, concerning the effect of the climate of this region on those inclined to phthisis, I have thought it proper to anticipate a future publication by this brief notice.—*Dr. Drake, in Western Journal.*

EXCHANGE OF INSANE HOSPITAL REPORTS.

Mr. J. M. Barnard, of Boston, whose name has been heretofore mentioned in connection with a plan for exchanging the annual and other reports of the institutions for the insane, in this and other countries, with a view to uniformity in the system of management—or, rather, for the purpose of informing each other of discoveries in treatment—has just received about four hundred English reports, which will be distributed among the fifteen institutions of the States. With a little care on the part of medical officers in this country, extra copies of all their official papers might be struck off, so that every institution in Europe could have on its file one of them. By a prompt mutual exchange of these documents the happiest results would accrue, and it is therefore cogently urged by Mr. Barnard upon the consideration of gentlemen having a controlling influence in this matter.—*Bost. Med. and Surg. Journ.*

ON THE MEDICINAL MIXTURES EMPLOYED AS STYPTICS.

BY DR. GOTTSCHALK.

Dr. Gottschalk thinks that a medicinal mixture can act as a styptic only when it is not applied in the liquid form. "He has demonstrated," he says, "that vegetable astringents do not merit this denomination, that they are not in reality astringents properly so called, because if they tan the tissues they give rise to a chemical combination which is accompanied by a thickening and not by a contraction of those tissues." This experimentalist has made several trials with portions of intestine and pieces of liver which he allowed to remain for five days in solutions of sulphate of copper, sulphate of zinc, sulphate of iron, acetate of lead, crystallised alum, calcined alum, sulphuric acid, hydrochloric acid, nitric acid, and creosote. The results which he obtained in these experiments led him to the following conclusions:—

1st. The strongest styptics, alum, acetate of lead, and sulphate of copper, lose their styptic virtue when they are employed in the liquid form.

2nd. The liquid form is opposed, on the one hand, to the contraction of the tissues; on the other hand, it gives rise to a softening of the animal substance, and, consequently, it facilitates imbibition, impregnation, the thickening, and enlargement of the tissues, and it thus diminishes the tendency to destructibility.

3rd. The acids employed, except nitric acid, do not possess any styptic property; but they possess that property of rendering the tissues thicker.

Dr. Gottschalk, in extending his investigations to the decoctions of oak, rhatany, tormentilla, and nutgalls, in which he steeped for eight days dried pieces of intestines, and for five days pieces of sclerotica, cornea and conjunctiva of the ox in the fresh state, arrived at the following conclusions:—

1. None of the astringents indicated merit this name when they are employed under a form which prevents them from removing water from the tissues which are found in contact with them.

2. They are so much the less astringent, as in the liquid form they penetrate deeply into the tissues,

and as they consequently produce thickening and enlargement.

3. If we omit the principles which, like strychnia, determine contraction, in consequence of their action on the nervous system, there remain as agents of styptic medication only the medicines called exsiccants and refrigerants. — *Chemist*.

FRACTURE OF THE SKULL, COMPLICATED WITH RUPTURE OF THE PERICARDIUM.

Dr. Michon surgeon to the *Hopital Cochin*, communicated the following case to the *Societe de Chirurgie*. A young man while at work, fell from a scaffolding thirty feet in height. Picked up, and brought to the hospital, the symptoms observed were:—coma; stertorous respiration; pulse feeble, intermittent; beatings of heart dull, and so rapid that it was impossible to reckon them; paralysis of the motility and sensibility: involuntary stools; flow of blood from the mouth and nostrils; insensibility; wound on the left side of the head; ecchymosis of the right eye; death took place two hours after.

Section: Fracture of the skull extending from the internal angle of the right orbit to the centre of the left parietal bone; sanguineous effusion in the cavity of the arachnoid; contusion of the cerebral substance near the apophysis cristæ galli. Thorax: rupture of the anterior portion of the pericardium, about seven inches in length, through which opening the heart protruded, so as to touch the lung. A deep furrow divided the part, exterior to the pericardium, from that contained in its cavity; the former was red and considerably swollen. — *Lond. Med. Times*.

CANCER OF THE STOMACH.

According to Professor Rostan, this denomination is improper, applied as it is to different lesions, such as encephaloides, scirrhus, &c., an opinion which has already been expressed by Professor Andral, and many other authors. The disease does not, as is generally stated, commence with hypertrophy; the membranes not only increase in volume, but likewise are in a diseased state, which does not take place in hypertrophy, where the parts are simply thicker than usual. In cancer, they are generally changed into an amorphous mass, which presents none of the characters of the constituent parts of the organ. On other occasions, on dividing the mucous membrane, it is found simply hypertrophied, and, on penetrating deeper, the fibrous and muscular coats are perceived in a similar condition. When the thickening has reached a certain degree, the parts assume an appearance like bacon; they become firmer, and produce, when cut, the crackling noise characteristic of scirrhus. This degenerescence may not only affect the stomach, but also extend to the surrounding organs, even the vertebral column. As to the frequency of the disease in the different parts of the stomach, they may be classed as follows: pylorus, cardia, little curvature, great curvature, and, lastly, the whole organ at the same time.

The alteration may affect:—1° *The vessels*, causing hæmorrhages; this accident may, however, not only be produced by ulceration, but likewise by exhalation; 2° *The nerves*:—Dr. Prus, who has published an important work on the state of the pneumogastric nerve in cancer of the stomach, states that, frequently, it is impossible to distinguish it from the diseased parts. The three principal signs of this affection are, vomiting of a dark liquid, pain and swelling; they may, however, exist without cancer, and *vice versa*. The following cases are proofs. A young woman

entered the *Salpetriere*, presenting a tumour in the epigastrium, accompanied by vomiting and pain, and after remaining some time in the hospital, left it much in the same state as on her entry. Many years after, having met with the same person, I was astonished to find that the tumour had completely disappeared, and with it the other morbid symptoms. At her death the autopsy having been performed, I found the gastric mucous membrane healthy, and that the tumour was formed by a cyst situated between the rectus and transversalis muscles, nothing remaining but a small kernel, the liquid portion having been absorbed. A woman, in the same hospital, had experienced, when 30, all the characteristic symptoms of cancer of the stomach; the vomiting after some time disappeared, and the patient lived, or rather languished, twenty years longer. At her demise, the cessation of the emesis was explained by the existence of an ulceration, which had enlarged the pylorus, previously narrowed by the cancer. But this last mentioned symptom may, as Dr. Magendie has demonstrated, be owing to the contraction of the abdominal muscles, and it is thus that we may account for persons, the coats of whose stomachs are incapable of contracting, being still able to reject the substances contained in that organ. An important question here presents itself. Can this disease be cured? The professor answers affirmatively, and quotes in favour of this opinion several cases: that of Beclard, who died of an affection of the brain, after having presented, some years previous to that event, evident signs of an organic disease of the stomach. At the *post mortem* examination a cicatrix was found on the mucous membrane of the stomach. Also, that of a young rachitic woman, who offered all the characteristic signs just described: vomiting; pain; tumour in the epigastrium; yellow tint of the skin; all of which, however, disappeared, and the patient died many years after of disease of the heart, on examining the stomach, the mucous membrane, lining the pylorus, was wrinkled by the seat of a fan-like cicatrix, indicating manifestly, the previous existence of an ulceration. It must not be forgotten that tumours, in elderly persons, may be formed by a collection of fæculent matter in the transverse colon, and be accompanied by pain and vomiting; in this case, a purgative will set all to rights. — *Ibid, from Gaz. des Hop.*

WOUND OF THE HEART TEMPORARILY HEALED.

BY M. MARINI.

A woman, 32 years of age, was stabbed with a dagger in the region of the heart, immediately fell, and lost a large quantity of blood. M. Marini, who saw her very shortly afterwards, found her just in life, covered with a cold clammy sweat, continually fainting, and with a wavering weak pulse. The wound was near the mamma, about two inches and a few lines from the edge of the sternum, between the fourth and fifth ribs. It was judged that the pericardium at least was injured, and that the wound was mortal. She was, therefore, carried to the hospital, and nothing was done till next day, when, as she was still alive, she was more carefully examined, and as the surgeons agreed that the wound was simply superficial and injured no important part, little was done, excepting drawing blood from the arm, or applying a few leeches to keep down threatened inflammation. Several times, however, she was in imminent danger of death. The external wound cicatrized, and she was dismissed as perfectly cured, after having been

in the hospital six weeks. Three weeks after this, when rising suddenly from her bed one morning, she fell down and instantly expired.

The external cicatrix was found solid and perfect. The condensed tissue, which filled the line of the original wound, could easily be traced between the fourth and fifth ribs into the interior of the chest. Half-a-pound of colourless serous fluid was found in the left pleura, and the upper lobe of the lung had contracted many firm recent adhesions. The part of the pericardium where it had been penetrated by the dagger was much thickened, and presented traces of acute inflammation. A large cyst, of a blackish-blue colour, filled with partly fluid, partly coagulated blood, adhered by a large pedicle to the left side of the pericardium. The pericardium was filled with about two pounds of blood, partly fluid, partly clotted; the heart was atrophied, its coats thinned, and its cavities full of blood. Near its apex, it was pierced with a rounded conical-shaped aperture, which communicated with the left ventricle. The aperture, which was so large as to permit the introduction of an ordinary pair of forceps, was surrounded by a ring of soft whitish lymph, which appeared to have adhered to the pericardium at the point penetrated by the dagger, and to have prevented the further effusion of blood.—*Ed. Med. and Surg. Jour., from Il Raccog. Medico.*

ON THE FORMATION OF FALSE MEMBRANES WITHIN
THE BLADDER FROM CANTHARIDES BLISTERS
APPLIED TO THE SKIN.

BY DR. MOREL-LAVELLE.

Dr. Morel-Lavelle has recorded four cases of the formation of false membranes within the bladder in consequence of blisters of cantharides applied to the skin. In some individuals the tendency of the inflammatory affection of the bladder and the formation of false membranes was so great, that in the second case he records the smallest flying blister of cantharides, applied to the forehead, excited the inflammatory affection as often as it was applied. The symptoms attending the complaint are, frequent desire to micturate, pain at the *meatus urinarius* immediately after passing the last drops of water, the pain at length increasing so much that, when urine is passed, it gives rise to a burning sensation, as if the urine were melted lead. At length small soft pseudo-membranous pellets are expelled along with the urine. In the milder forms there is no fever, but in the more severe forms the fever is often intense, and the membranous substances obstruct the urethra, and are passed in long rolls; the urine is also highly albuminous. Copious emollient drinks, emollient cataplasms to the hypogastric region, or a hip-bath, and removal of the blister, in general, suffice to cure this affection of the bladder.—*Ibid, from L'Experience.*

NERVOUS APHONIA CURED BY ELECTRICITY.

BY M. PELLEGRINI.

A healthy man, 23 years of age, was imprisoned for having killed a friend in a quarrel. Three days afterwards he had a severe fit of epilepsy, and lost his voice. Active treatment had no effect on the aphonia, though it removed the epileptic tendency. The larynx seemed to have lost the power of motion; the tongue was moved with difficulty, was somewhat swollen, and drier than natural. Sixteen months after the attack electricity was employed. A voltaic pile of fifty plates was used, the zinc wire of which was applied to the region of the first vertebra, the copper wire to the tongue and glottis. One hundred

shocks were passed through these parts the first day, and two hundred the second. On its repetition an epileptic fit and syncope occurred, for which he was bled. When he recovered he was able to speak indistinctly in a hoarse voice. After eight sittings, during which the same number of shocks were given each time, the voice was completely restored, and the cure proved radical and complete.—*Ibid, from Jour. de Pharmacie.*

VALERIANATE OF ZINC A POWERFUL ANTISPAS-
MODIC.

BY M. DEVAY.

The valerianate of zinc has lately been highly commended in several Italian Journals as a valuable therapeutic agent in the cure of neuralgic affections. M. Devay having made numerous trials of its powers in these affections, arrived at the conclusion, that it was a remedy of no mean powers, which deserved to be more generally used. It appears, however, from the cases which he records, that its curative powers are confined to those in which the disease depends on a purely nervous affection, and in the excitable nervous affections which accompany chlorosis, in facial neuralgia, or tic-douloureux, not depending on an organic cause, in hemicrania, and even in some cases of satyriasis and epilepsy, its therapeutic virtues have been powerfully manifested. Several cases are recorded by M. Devay of its curative powers. It seems to act as a powerful antispasmodic, combining the powers of valerian and of zinc. The dose is half a grain two to four times daily.

The valerianate is prepared in the following manner. The fresh roots of valerian are distilled, when the valerianic acid comes over along with the essential oil. This oil is separated, and the distilled water has its acid saturated by carbonate of potash. Solution of caustic potash is also agitated with the essential oil, and both fluids are mixed together. The valerianate of potash not being volatile, allows the most of the water to be driven off, as well as that portion of the volatile oil which has not united with the alkali. When the valerianate of potash is sufficiently concentrated, it is introduced into a small retort, and a sufficient quantity of dilute sulphuric added to unite with the potash. Heat is then carefully applied, and the volatile valerianic acid distils over in a pure state, partly dissolved in a small quantity of water, partly as an oily hydrate. It is then mixed with carbonate of zinc, and the union aided by heat. It is then filtered, and as the fluid cools the crystals of the valerianate of zinc are deposited. The mother liquor is to be evaporated till all the salt is obtained.—*Ibid, from Gazette Medicale de Paris.*

CASE OF RECOVERY FROM WOUND WITH HERNIA
OF THE LUNG.

BY DR. BARBIERI.

A boy, 13 years of age, fell from a tree upon the point of a hay fork, which tore up the right side of the anterior part of the chest between the fifth and sixth ribs. The wound was transverse, about three inches in extent, and through this projected a considerable piece of the lung, also wounded in a transverse direction. There was a frequent cough with a gurgling sound in the bronchial tubes, but no bloody expectoration. The usual phenomena of a severe accident were present. The lung was reduced, the lips of the wound brought together by suture, and, by following an antiphlogistic regimen, the patient recovered without a bad symptom.—*Ibid, from L'Exp.*

MEDICAL NEWS AND BULLETIN.

MORE MESMERIC IMPOSTORS.

To the Editors of the Provincial Medical Journal.

GENTLEMEN,—Having recently read in your Journal, a most able exposition by Mr. Estlin, of Bristol, of the gross imposture practised on the public by various itinerant Mesmerisers, I am induced to forward you an account of a recent exhibition in this town, which, perhaps, may assist the judgment of those (if any such there be) who, having read Mr. E.'s address, may still entertain a lingering doubt concerning the pretensions of the so-called science of mesmerism.

A most illiterate individual of the name of Whidow, has just started from Leamington on a mesmeric tour, accompanied by two tolerably well trained patients. Their object seems to be entirely a pecuniary one; but, for the credit of this town, I may state, the speculation has here proved a complete failure.

The following is an abridged account of the performance I attended, which lasted upwards of two hours:—

The subject first operated on was a poor scrofulous man, with a contracted knee-joint, who hobbled in the street on crutches. A few "pawings" of the operator, who stood behind his patient, appeared quickly to induce a profound sleep; and now, the science of phrenology being grafted upon Mesmerism, the wonders commenced in earnest.

As the several phrenological organs were successively excited by the magical touch of the lecturer, the man manifested, with pretty accurate pantomimic effect, that some mysterious agent was directing his actions. At this stage I suggested that, from a previous knowledge of the situation of the excited organs, the touch of the operator might serve to determine the gestures of the patient; I, therefore, requested the organs might be excited without actual contact, the patient's eyes remaining closed.

The operator then simply pointed to the organ of Benevolence, when the man immediately began the gestures of Self-esteem—such for instance as pulling up his shirt collar, buttoning his coat, and sitting in a conceited posture. The lecturer excused this mistake, by supposing the uneven state of the man's hair might have caused a doubt in his mind as to the organ pointed to. The operator then smoothed down the man's hair with his hands, *blew away* with his mouth the excitement from Self-esteem, and again pointed to Benevolence. The patient now, of course, knowing the organ intended to be excited, expressed a strong desire to clothe a naked little boy whom he fancied before him. This, by the majority of the audience, was regarded as perfectly satisfactory.

The man was now placed in the erect posture, with arms extended at right angles with his body, and a chair suspended on each wrist. In this attitude he remained fifty seconds. The operator then removed the chairs, observing, that "to prolong this experiment would be dangerous, since, from the excitement produced in the circulation, a rush of blood to the head might take place, and produce apoplexy." The obvious reason, however, for removing the chairs so quickly was, that muscular fatigue, (of which the man betrayed symptoms, by quivering his lame leg) must otherwise have soon compelled him to drop them. I have since tried to hold two chairs in the same manner myself, and I find I can support them without any risk of apoplexy, for a much longer period than this Mesmerised individual.

A girl of about eighteen was now introduced, and,

after being put to sleep, was made to illustrate the existence of two organs recently discovered by Mr. Spencer Hall (another professor of the Mesmeric art,) and which the lecturer called "Soldiering" and "Sailoring." On exciting the first, the young lady saw a troop of soldiers marching towards her; and on touching the second she expressed a strong desire for a row on the river!

A gentleman present requested the organ of Wonder might be excited. To express this emotion by gestures with her eyes closed was not so easy; she, therefore, contented herself by observing, "Oh! it's wonderful."

The phenomenon called the "community of sensation" was now attempted to be shown.

Of three substances provided by the lecturer—viz., salt, sugar, and caraway seeds—he was silently requested to taste one, the sugar. The female being now asked what *she* tasted, after some hesitation said, "seeds." The Mesmeriser, however, was ready with an excuse, remarking that, "although not right, she was not absolutely wrong, a few seeds having accidentally got mixed with the sugar!"

To give the lecturer one more chance, I handed him an ipecacuanha lozenge to taste, from my own pocket. After sundry smackings of the lips, which the male patient imitated, he was asked what he tasted, but the man was too wide awake to hazard a random guess, and confined himself to evasive answers, such as, "It's very nice," &c.

The girl being now appealed to, ventured to say, "It's something sweet." Scranth went the lozenge between the operator's teeth, close to the girl's ear. The information, however, conveyed by this manoeuvre was fallacious, for the unlucky maiden immediately pronounced the substance to be "biscuit." Was the magnetiser at a nonplus now? Nothing of the kind. An appeal to the *unprejudiced* part of the audience, to determine whether there was not a great similarity in the flavour of many sweet biscuits to an ipecacuanha lozenge, was decided in his favor.

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in the hospital six weeks. Three weeks after this, when rising suddenly from her bed one morning, she fell down and instantly expired.

The external cicatrix was found solid and perfect. The condensed tissue, which filled the line of the original wound, could easily be traced between the fourth and fifth ribs into the interior of the chest. Half-a-pound of colourless serous fluid was found in the left pleura, and the upper lobe of the lung had contracted many firm recent adhesions. The part of the pericardium where it had been penetrated by the dagger was much thickened, and presented traces of acute inflammation. A large cyst, of a blackish-blue colour, filled with partly fluid, partly coagulated blood, adhered by a large pedicle to the left side of the pericardium. The pericardium was filled with about two pounds of blood, partly fluid, partly clotted; the heart was atrophied, its coats thinned, and its cavities full of blood. Near its apex, it was pierced with a rounded conical-shaped aperture, which communicated with the left ventricle. The aperture, which was so large as to permit the introduction of an ordinary pair of forceps, was surrounded by a ring of soft whitish lymph, which appeared to have adhered to the pericardium at the point penetrated by the dagger, and to have prevented the further effusion of blood.—*Ed. Med. and Surg. Jour., from Il Raccog. Medico.*

ON THE FORMATION OF FALSE MEMBRANES WITHIN THE BLADDER FROM CANTHARIDES BLISTERS APPLIED TO THE SKIN.

BY DR. MOREL-LAVELLE.

Dr. Morel-Lavellee has recorded four cases of the formation of false membranes within the bladder in consequence of blisters of cantharides applied to the skin. In some individuals the tendency of the inflammatory affection of the bladder and the formation of false membranes was so great, that in the second case he records the smallest flying blister of cantharides, applied to the forehead, excited the inflammatory affection as often as it was applied. The symptoms attending the complaint are, frequent desire to micturate, pain at the *meatus urinarius* immediately after passing the last drops of water; the pain at length increasing so much that, when urine is passed, it gives rise to a burning sensation, as if the urine were melted lead. At length small soft pseudo-membranous pellets are expelled along with the urine. In the milder forms there is no fever, but in the more severe forms the fever is often intense, and the membranous substances obstruct the urethra, and are passed in long rolls; the urine is also highly albuminous. Copious emollient drinks, emollient cataplasms to the hypogastric region, or a hip-bath, and removal of the blister, in general, suffice to cure this affection of the bladder.—*Ibid, from L'Experience.*

NERVOUS APHONIA CURED BY ELECTRICITY.

BY M. PELLEGRINI.

A healthy man, 23 years of age, was imprisoned for having killed a friend in a quarrel. Three days afterwards he had a severe fit of epilepsy, and lost his voice. Active treatment had no effect on the aphonia, though it removed the epileptic tendency. The larynx seemed to have lost the power of motion; the tongue was moved with difficulty, was somewhat swollen, and drier than natural. Sixteen months after the attack electricity was employed. A voltaic pile of fifty plates was used, the zinc wire of which was applied to the region of the first vertebra, the copper wire to the tongue and glottis. One hundred

shocks were passed through these parts the first day, and two hundred the second. On its repetition an epileptic fit and syncope occurred, for which he was bled. When he recovered he was able to speak indistinctly in a hoarse voice. After eight sittings, during which the same number of shocks were given each time, the voice was completely restored, and the cure proved radical and complete.—*Ibid, from Jour. de Pharmacie.*

VALERIANATE OF ZINC A POWERFUL ANTISPASMODIC.

BY M. DEVAY.

The valerianate of zinc has lately been highly commended in several Italian Journals as a valuable therapeutic agent in the cure of neuralgic affections. M. Devay having made numerous trials of its powers in these affections, arrived at the conclusion, that it was a remedy of no mean powers, which deserved to be more generally used. It appears, however, from the cases which he records, that its curative powers are confined to those in which the disease depends on a purely nervous affection, and in the excitable nervous affections which accompany chlorosis, in facial neuralgia, or tic-douloureux, not depending on an organic cause, in hemicrania, and even in some cases of satyriasis and epilepsy, its therapeutic virtues have been powerfully manifested. Several cases are recorded by M. Devay of its curative powers. It seems to act as a powerful antispasmodic, combining the powers of valerian and of zinc. The dose is half a grain two to four times daily.

The valerianate is prepared in the following manner. The fresh roots of valerian are distilled, when the valerianic acid comes over along with the essential oil. This oil is separated, and the distilled water has its acid saturated by carbonate of potash. Solution of caustic potash is also agitated with the essential oil, and both fluids are mixed together. The valerianate of potash not being volatile, allows the most of the water to be driven off, as well as that portion of the volatile oil which has not united with the alkali. When the valerianate of potash is sufficiently concentrated, it is introduced into a small retort, and a sufficient quantity of dilute sulphuric added to unite with the potash. Heat is then carefully applied, and the volatile valerianic acid distils over in a pure state, partly dissolved in a small quantity of water, partly as an oily hydrate. It is then mixed with carbonate of zinc, and the union aided by heat. It is then filtered, and as the fluid cools the crystals of the valerianate of zinc are deposited. The mother liquor is to be evaporated till all the salt is obtained.—*Ibid, from Gazette Medicale de Paris.*

CASE OF RECOVERY FROM WOUND WITH HERNIA OF THE LUNG.

BY DR. BARBIERI.

A boy, 13 years of age, fell from a tree upon the point of a hay fork, which tore up the right side of the anterior part of the chest between the fifth and sixth ribs. The wound was transverse, about three inches in extent, and through this projected a considerable piece of the lung, also wounded in a transverse direction. There was a frequent cough with a gurgling sound in the bronchial tubes, but no bloody expectoration. The usual phenomena of a severe accident were present. The lung was reduced, the lips of the wound brought together by suture, and, by following an antiphlogistic regimen, the patient recovered without a bad symptom.—*Ibid, from L'Exp.*

MEDICAL NEWS AND BULLETIN.

MORE MESMERIC IMPOSTORS.

To the Editors of the Provincial Medical Journal.

GENTLEMEN,—Having recently read in your Journal, a most able exposition by Mr. Estlin, of Bristol, of the gross imposture practised on the public by various itinerant Mesmerisers, I am induced to forward you an account of a recent exhibition in this town, which, perhaps, may assist the judgment of those (if any such there be) who, having read Mr. E.'s address, may still entertain a lingering doubt concerning the pretensions of the so-called science of mesmerism.

A most illiterate individual of the name of Whidow, has just started from Leamington on a mesmeric tour, accompanied by two tolerably well trained patients. Their object seems to be entirely a pecuniary one; but, for the credit of this town, I may state, the speculation has here proved a complete failure.

The following is an abridged account of the performance I attended, which lasted upwards of two hours:—

The subject first operated on was a poor scrofulous man, with a contracted knee-joint, who hobbled in the street on crutches. A few "pawings" of the operator, who stood behind his patient, appeared quickly to induce a profound sleep; and now, the science of phrenology being grafted upon Mesmerism, the wonders commenced in earnest.

As the several phrenological organs were successively excited by the magical touch of the lecturer, the man manifested, with pretty accurate pantomimic effect, that some mysterious agent was directing his actions. At this stage I suggested that, from a previous knowledge of the situation of the excited organs, the touch of the operator might serve to determine the gestures of the patient; I, therefore, requested the organs might be excited without actual contact, the patient's eyes remaining closed.

The operator then simply pointed to the organ of Benevolence, when the man immediately began the gestures of Self-esteem—such for instance as pulling up his shirt collar, buttoning his coat, and sitting in a conceited posture. The lecturer excused this mistake, by supposing the uneven state of the man's hair might have caused a doubt in his mind as to the organ pointed to. The operator then smoothed down the man's hair with his hands, *blew away* with his mouth the excitement from Self-esteem, and again pointed to Benevolence. The patient now, of course, knowing the organ intended to be excited, expressed a strong desire to clothe a naked little boy whom he fancied before him. This, by the majority of the audience, was regarded as perfectly satisfactory.

The man was now placed in the erect posture, with arms extended at right angles with his body, and a chair suspended on each wrist. In this attitude he remained fifty seconds. The operator then removed the chairs, observing, that "to prolong *this* experiment would be dangerous, since, from the excitement produced in the circulation, a rush of blood to the head might take place, and produce apoplexy." The obvious reason, however, for removing the chairs so quickly was, that muscular fatigue, (of which the man betrayed symptoms, by quivering his lame leg) must otherwise have soon compelled him to drop them. I have since tried to hold two chairs in the same manner myself, and I find I can support them without any risk of apoplexy, for a much longer period than this Mesmerised individual.

A girl of about eighteen was now introduced, and,

after being put to sleep, was made to illustrate the existence of two organs recently discovered by Mr. Spencer Hall (another professor of the Mesmeric art,) and which the lecturer called "Soldiering" and "Sailoring." On exciting the first, the young lady saw a troop of soldiers marching towards her; and on touching the second she expressed a strong desire for a row on the river!

A gentleman present requested the organ of Wonder might be excited. To express this emotion by gestures with her eyes closed was not so easy; she, therefore, contented herself by observing, "Oh! it's wonderful."

The phenomenon called the "community of sensation" was now attempted to be shown.

Of three substances provided by the lecturer—viz., salt, sugar, and caraway seeds—he was silently requested to taste one, the sugar. The female being now asked what *she* tasted, after some hesitation said, "seeds." The Mesmeriser, however, was ready with an excuse, remarking that, "although not right, she was not absolutely wrong, a few seeds having accidentally got mixed with the sugar!"

To give the lecturer one more chance, I handed him an ipecacuanha lozenge to taste, from my own pocket. After sundry smackings of the lips, which the male patient imitated, he was asked what he tasted, but the man was too wide awake to hazard a random guess, and confined himself to evasive answers, such as, "It's very nice," &c.

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MISCELLANEA.

EFFECTS OF MERCURY.

At a Meeting of the Medical Society of London, November 20, 1843, a Member related a case of ulceration of the throat, apparently produced by mercury, and, as he believed, terminating fatally by involving a small vessel in the ulcerative process. The patient was a gentleman, sixty years of age, in general good health, and free from syphilis. About a month ago he caught cold from riding on the outside of a coach for some distance. He took a few doses of calomel, which produced profuse salivation and ulceration about the velum and pharynx. From one of these ulcers, probably situated behind the velum, hæmorrhage occurred on several occasions, and he seemed worn out by the loss of blood. No post-mortem had been allowed by the friends. The case was mentioned with the view of ascertaining the experience of members on the subject.

Mr. Storks related a case of a gentleman, worn down by mercury and syphilis, in whom slight hæmorrhage from the mouth suddenly occurred, and he died. A slough, the size of a dollar, was found in the trachea, near to its bifurcation. The air-passages and lungs were gorged with the blood which had proceeded from this ulcer.

Mr. Pilcher thought it would be interesting to discuss the effects of mercury, or of salivation, on the mouth and fauces. He thought, in the first case related, it was extremely probable that the hæmorrhage had occurred from a single slough. He had seen frightful hæmorrhage from the fauces as the result of mercury, both in small and large quantities. He had seen these hæmorrhages in children. He related a case in which a man afflicted with syphilis, dropsy, and rheumatism, took a moderate quantity of mercury, and was profusely salivated. The teeth fell out, a portion of the alveolar process came away, and the poor fellow was sinking from hæmorrhage, clots of blood constantly forming in the mouth, which, with the greatest effort, he removed. Under these circumstances Mr. Pilcher was called in. The mouth was well cleansed, and the nitrate of silver applied. The man recovered. A quantity of blood was swallowed and vomited up again. He related another case in which a gentleman, under the influence of mercury, was suffocated by his tongue becoming suddenly hypertrophied.

Mr. Linnecar made some remarks on the difficulty of regulating our doses of mercury, the effects of which were sometimes such as brought blame on the practitioner without just cause.

Dr. Waller said that mercury had different effects at different times on the same persons. He related the case of a lady who, being ill, took some pills containing a preparation of mercury, with the best effect, so far as her complaint was concerned. They took no effect on her mouth. On a subsequent attack of the same complaint the same pills were ordered, and rapidly produced profuse salivation. He referred to a case related by the late Dr. Babington, in which a portion of the tongue sloughed, as the result of one grain of calomel given for three nights successively. In dispensary practice he had occasionally seen sloughing to a great extent and ulcerated throat as the effect of mercury, but he recollected no case of profuse hæmorrhage from that cause.

Mr. Headland had no doubt that the state of the atmosphere influenced very much the effects of medicines, particularly of mercury. He had noticed this to be the case, more especially during the last five or

six weeks. He related a case of profuse salivation from a minute dose of mercury which had occurred within a few days. The susceptibility to the influence of mercury seemed also to run in families. He dwelt on the importance of calomel to young children affected with acute pneumonia. He had given a grain of calomel every two hours to a child nine months old, suffering from that disease, without producing any marked effect, except a relief to the symptoms and green motions. At other times the same children thus treated would not bear anything like the same quantity of calomel. It would seem that the medicine expended its strength on the disease.

Mr. Hooper had used calomel in the same free manner as Mr. Headland in the acute pneumonia of children. Neither this medicine nor tartarised antimony exhibited in that disease their specific effects of salivation or nausea. They only subdued the action of the heart and arteries, and thereby removed the disease.

Dr. Risdon Bennet inquired whether the non-susceptibility to the influence of mercury was not general with regard to children. Dr. John Clarke had stated that he had never seen a child under two years of age salivated. He (Dr. Bennett) might echo the remark. He had seen severe affections of the mouth and gums in children during the time they were taking mercury, but he did not think they were attributable to that medicine.

Mr. Crisp had never seen hæmorrhage as the result of mercury, and attributed the effect in the first case to hæmorrhagic diathesis. He questioned whether the mercury in Mr. Pilcher's case produced the hypertrophied tongue, as cases of that disease were related in which mercury had not been given. He referred to a fatal case of epistaxis, of which no appearances after death explained the cause. He had seen sloughs of the mouth and gums, and of the vagina in young children who had taken three or four grains of the grey powder, but these effects had nothing to do with the mercury.

Dr. Chowne had seen cases of general hæmorrhage, so as to discolour the saliva, in cases of pyalism, the result of mercury. He had seen no case precisely similar to the first.

Mr. Dendy believed that in the case first related there must have been a hæmorrhagic tendency in the individual. With respect to the influence of mercury on children, he observed that when it did take effect on them it was not in the form of salivation; but it was, nevertheless, deleterious. He had seen a child lose the incisor teeth and part of the alveolar process as the effect of mercury. He suggested the employment of mercurial tonics in those cases in which there was a hæmorrhagic tendency, with the view of improving the constitution.

In some conversation which followed, reference was made to turpentine, and its effect on hæmorrhage. Would it not have been serviceable in the first case related? No member had seen a case precisely analogous to that one, though several had seen instances in which mercury had produced deleterious effects. Difference of opinion prevailed as to the amount of influence which mercury exerted in bringing on the hæmorrhage; and whilst, on the one hand, all the credit was given to that medicine, it was as strongly contended on the other, that the effect was due to the hæmorrhagic tendency. Others, again, thought the two causes had combined.—*Lancet*.

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MISCELLANEA.

RUSH MEDICAL COLLEGE.

This is the title of a College established at Chicago, chartered by the legislature of Illinois, in March, 1837. The faculty was not organized until October last, and the first session opened only on the 4th of December, 1843. The faculty consist of Daniel Brainard, M. D., Professor of Anatomy and Surgery, James V. L. Blaney, M. D., Professor of Chemistry and Materia Medica, John McLean, M. D., Professor of Theory and Practice of Medicine, and M. L. Knapp, M. D. Professor of Obstetrics and Diseases of Women and Children. Prosector, A. W. Davisson.—*Medical News and Library.*

CASTLETON MEDICAL COLLEGE.

"At a meeting of the corporation of Castleton Medical College, December 30th, 1843, Dr. Samuel Parkman, of Boston, was appointed to the Chair of Anatomy, and Dr. Richard S. Kissam, of New York, to that of Surgery, in place of Dr. James McClintock, removed."—*Boston Medical and Surgical Journal of January 17th, from the "Rutland Herald," of January 4th, 1844.*

THE AMERICAN MINISTER'S EULOGY OF THE BRITISH MEDICAL PROFESSION.

The testimonial, recently so publicly given by the representative of a great nation to the conduct of our brethren in the pursuit of their high calling, and the lustre derived from such conduct to the character and institutions of our country, are what every member of our noble profession must appreciate and rejoice in. We allude to the eloquent remarks of the American ambassador, Mr. Everett, quoted by Professor Williams in his introductory lecture. "For what," said the ambassador, "was that which constituted the chief pride and glory of the British nation? They had heard of the intercepted letter from one Chinese chieftain to another; and what was the characteristic which had excited the admiration of the mandarin of a great and important empire, reeling at the time under the blows of the British government? Was it the military prowess of their countrymen? Was it the steam-vessels of war, in reaching coasts in defiance of the desolating simoom? Was it their arms, their artillery, skill of engineering, which civilised nations now brought to the strategy of war? Was it this, or any of these, which had struck with wonder, and awe, and admiration, the barbarians of China? No! It was the humanity of British physicians and surgeons—their management of hospitals, and the generous kindness which was extended to the sick and wounded, even of a hostile nation—which moved them with astonishment, and excited their sympathy and regard. These were some of the arts of peace which extorted the admiration of an enemy, and which other states would do well to imitate."

Can anything, as far as this world is concerned, be conceived more truly glorious to our country, more ennobling to our profession, than that such a testimony as this should have been spontaneously awarded

by the distinguished individual referred to. We wish not to speak vain-gloriously; we would avoid even the appearance of claiming for our profession the praise which has here, through the voice certainly of an unprejudiced observer, been elicited; but we cannot refrain from expressing the confident hope that, amongst every contumely which our own government and its subordinate agents may be disposed to throw upon us, however our just requirements may be treated or disregarded, it will still be the animating principle of British physicians and surgeons to devote every energy of their minds and every resource of their knowledge to the alleviation of human suffering, wherever and among whomsoever it is to be found.

From daily and hourly intercourse with the sick and the suffering, the medical practitioner is himself scarcely aware of the comfort derived from his visits, or the effect of the passing expression of his sympathy. To form any estimate of the real value of these attentions, he must divest himself of his medical knowledge and skill, and place himself in the situation of those who, ignorant of all save their own affliction and suffering, look up to him, with a mixture of anxiety and confidence, for relief. How often does the mother watch unseen every turn of his countenance, while feeling the pulse or bending over the bed of her sick child! How often is a gleam of hope caught from the passing look of the moment, and strength to persevere in the administration of the assistance needed derived from the words of encouragement so seasonably bestowed. Closely, indeed, should the physician keep guard over his conduct in the sick chamber, when even a casual glance or expression is of such import; and let us ever remember that, where the resources of art fail in giving relief, kindness of manner, and the expression of sympathy, will often afford consolation both to the sufferer and to his family and friends. All, it is true have it not equally in their power to benefit their fellow-creatures; all are not placed in the situation to excite a nation's admiration, to call forth a nation's gratitude, and, by their conduct in such a situation, to gain for themselves and for their country the purest and most imperishable fame. But all have it in their power to contribute to the comfort and call forth the sympathies of the individuals and family circles with whom they are thrown in contact, and, in following in private the high example set before them, may contribute towards the attainment of the same reputation for disinterestedness and benevolence among their own countrymen which their (we will not say more favored) brethren have attained amongst foreign nations.—*Prov. Med. Jour.* Nov. 18. 1843.

SOLIDIFIED LUNG.

Mr. Power presented a specimen of pneumonia in a child. The left lung sunk in water; the upper was the only part capable of respiration, and that portion, when separated from the remainder, was buoyant. There was extensive pleuritis at the same side with the inflamed lung. The history of the case was so far remarkable, that no complaint was made by the child up to thirty-six hours before its death.—*Proceedings of the Pathological Society of Dublin.*

The peritoneum is more subject to spontaneous inflammation than most membranes, but not so much so as the pleura.—*Hunter.*

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